

Program Authorization. Unless explicitly stated, the provisions outlined in this Program Authorization shall apply to both Active and Reserve Components.

Active Component (AC): Direct appointment as officers in the Medical Corps (MC) of the U.S. Navy, designator 2100. BUPERS-315 is the Officer Community Manager for the Medical Corps.

Reserve Component (RC): Direct commissioning as officers in the MC of the U.S. Navy Reserve, designator 2105. BUPERS-318 is the Reserve Medical Corps Community Manager.

1. Program Authority. AC: Title 10 U.S.C. § 531, 532, 533, and 1251; RC: Title 10 U.S.C. § 12201 through 12208.

2. Cancellation. Program Authorization 113 of Apr 09 and Program Authorization 212 of Oct 08.

3. Quota. As prescribed by the Deputy Chief of Naval Operations (Manpower, Personnel, Training and Education (DCNO (N1)) with supplemental quota guidance as the Chief, Bureau of Medicine and Surgery (BUMED).

4. Qualifications.

a. Citizenship: U.S. citizenship is required (born in the U.S.A., naturalized, or born abroad of U.S. parents), unless waived by the Secretary of Defense for an original appointment in a grade below the grade of Lieutenant Commander. Dual citizens are eligible to apply, but they must submit proof of renouncing non-U.S. citizenship prior to final selection. Must pass a personnel security investigation as identified in SECNAVINST 5510.30 (series).

b. Gender. Open to men and women.

c. Professional Qualifications. To be eligible for appointment in the Medical Corps, the applicant must meet one of the following educational requirements in accordance with OPNAVINST 1120.4 series:

(1) Physician (Doctor of Medicine). Graduate of a medical school in the U.S. or Puerto Rico approved by the Liaison Committee on Medical Education of the American Medical Association and licensed to practice medicine or surgery in a State, territory, commonwealth, or possession of the U.S. or the District of Columbia.

(2) Physician (Doctor of Osteopathy). Graduate of a college of osteopathy approved by the American Osteopathic Association and be licensed to practice medicine, surgery, or osteopathy in a State, territory, commonwealth, or possession of the U.S. or the District of Columbia.

(3) Physician graduates of foreign medical schools in specialties authorized by DCNO (N1) and meet all requirements outlined in OPNAVINST 1120.4 (series).

d. Licensure. Must be licensed to practice medicine or surgery in a State, territory, commonwealth, or possession of the U.S. or the District of Columbia as required by BUMEDINST 6322.66 (series).

(1) Candidates for the Active Component participating in their first year of Graduate Medical Education (GME-1) may be appointed prior to acquiring a license.

(2) Candidates for the Reserve Component must have completed their Graduate Medical Education (GME) sponsored by either the American Council for Graduate Medical Education (ACGME), the American Osteopathic Association (AOA) or the American Association of Colleges of Osteopathic Medicine (AACOM).

(a) An exception to the above policy are candidates for the Training in Medical Specialty (TMS) program. Qualified personnel for TMS must be enrolled or accepted for enrollment in a GME program that will lead to qualification in Critical Skills Shortage (CSS) list designated by the Assistant Secretary of Defense for Health Affairs as critical.

e. Examination of professional qualifications. The Chief, BUMED, shall review the credentials and examine the professional qualifications of all applicants. The Medical Corps Program Manager, Commander Navy Recruiting Command (COMNAVCRUITCOM), shall have applicant's credentials verified by Centralized Credentialing and Privileging Directorate, Navy Medical Support Command, Jacksonville, Florida, prior to submitting accession package for review by the Chief, BUMED.

f. Age. OPNAVINST 1120.4 (series) applies:

(1) Medical Corps applicants must be commissioned before age 58. COMNAVCRUITCOM is granted waiver authority for

applicants between ages 42 and 57. Waivers cannot be sub-delegated below the flag level and COMNAVCRUITCOM shall maintain on file written justification for each waiver granted.

(2) Medical Corps applicants aged 58 or older who possess critical skills as designated by the Assistant Secretary of Defense for Health Affairs may be considered for an exception to the age waiver policy if they can complete a full three year service obligation.

(3) All AC waiver requests shall be coordinated through the MC, Officer Community Manager (BUPERS-315). All RC waiver requests shall be coordinated through the reserve MC, Officer Community Manager (BUPERS-318). When considering an age waiver request, strong consideration shall be placed on undermanned specialties and those specialties with a pattern of missed recruitment goals.

(4) DCNO (N1) is the waiver authority for applicants aged 58 or older.

(5) RC Medical Corps applicants requesting an age waiver are governed by Title 10 U.S.C. § 14703 and are restricted to a maximum age of 67.

g. Physical Standards: In accordance with NAVMED P-117, Manual of the Medical Department and as detailed in DoDI 6130.03 (series).

h. Marital status: No restrictions.

4. Source:

a. Civilians: U.S. citizens only.

b. Enlisted service personnel (who are U.S. citizens) of any branch of the armed forces (active or reserve components) provided an appropriate conditional release is authorized. Prior Navy enlisted service personnel are required to submit a copy of their enlisted Performance Summary Record (PSR) in addition to the most recent three years of evaluations.

c. Commissioned service personnel of any branch of the U.S. armed forces (active or reserve components) who are not otherwise eligible for interservice transfer or superseding appointment, provided conditional release (other services only)

or contingent release (USN/USNR only) is approved by the member's service component.

5. Appointment: Medical Corps, U.S. Navy, designator 2100 or 2105 (as applicable). Appointments shall be made subject to the guidance governing entry grade, date of rank, precedence, and application processes.

a. Entry grade and date of rank of AC and RC officers into the Medical Corps shall be determined by DoDI 6000.13 (series) and OPNAVINST 1120.4 (series) respectively.

b. Interservice Transfers. DoDI 1300.4 (series) and DoDI 1205.5 (series) shall determine entry grade and date of rank of medical officers transferred from other uniformed services into the Medical Corps of the U. S. Navy.

c. Graduates of foreign medical schools. Authorized when appointment sources cannot supply the required number of entry level accessions, DCNO (N1) may authorize procurement of graduates of foreign medical schools who are certified by the Chief BUMED to be professionally acceptable.

6. Indoctrination

a. AC: Selectees will attend five weeks of military orientation training at the Naval Officer Development School (ODS), Newport, Rhode Island.

b. RC: Selectees will attend the two week DCO Indoctrination Course at Newport Rhode Island, within one year of commissioning.

7. Service Obligation

a. AC obligation. Three years from the date of appointment. The balance of service, sufficient to complete eight years total, may be served in a ready reserve status. Receipt of special pay and bonus, education obligation and minimum activity tour requirement from being accessed into the Navy as an active duty officer may extend the aforementioned obligation period.

b. RC obligation. Selectees will incur a three year Selected Reserve (SELRES) obligation followed by a five year ready reserve obligation. The obligation commences upon

commissioning. Receipt of a special pay, bonus, or education obligation may extend the aforementioned obligation period.

Approved: 

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Director, Military Personnel Plans and Policy  
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